8 2 HH

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMR control number. a valid OMB control number.

## Attorney Docket Number ASC-15 DECLARATION FOR UTILITY OR Odell First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) **Application Number** Filing Date ☑ Declaration ☐ Declaration OR Submitted Submitted after Initial Group Art Unit Filing (surcharge with Initial (37 ČFR 1.16 (e)) **Examiner Name** Filing required)

As a below named in	entor I here	eby declare that:		<u> </u>					
As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.									
					. ,	t . ne . t			
I believe I am the onginal, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
RANGE ADAPTABLE SYSTEM FOR DETERMINING THE ANGULAR									
PUBLICON AND DISTANCE OF AND MERHOD OF EMPLOYING									
the specification of what is attached here	true or true invention,								
OR									
was filed on (Mi	was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number and was amended on (MM/DD/YYYY) (if applic									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as									
amended by any amend	ment specifi	cally referred to abo	ove.						
I acknowledge the duty	to disclose in	formation which is	material to patentability as	defined in 37 CF	R 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Applicati Number(s)		Country	Foreign Filing Date (MM/DDYYYY)	Priority Not Claimed	Certified Co	tified Copy Attached? YES NO			
(Addition(2)				0000	0000	0000			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									
- pproduor rum		5 500		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Diagon hang a plus eign (+) inside this hox 🔫 🛛 🐰	T <sup>**</sup>	$\neg$
	ase type a plus sign (+) inside this box 🔫	ΧI

PTO/SB/01 (12-97)
Is sign (+) inside this box 

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.										to disclose		
		nt Application	n or P			Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)			
Number						(11111111111111111111111111111111111111						
Additional	U.S. or PO	CT international a	pplication	on numbers are lis	ted on a	supplementa	al prionty data	sheet PT	O/SB/0	2B attached he	reto.	
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent										the Patent		
and Trademark	Office cor	nected therewith		Customer Number		Place Customer Number Bar Code					mer	
:				OR Registered practition	ner(s) na	me/registra	tion number lis	ted belov	, L_	Label hen	11	
			T	Registrati	on	Name				Registration Number		
	Name	·		Number			IVaiii	-		Number		
H. JAY SPIEGEL				30,722								
Additional r	egistered	practitioner(s) na	med or	supplemental Re	gistered F	Practitioner I	nformation she	et PTO/S	SB/02C	attached here	to.	
Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.  Direct all correspondence to: Customer Number or Bar Code Label  OR Correspondence address below												
Nema 29220												
Name	H. JAY SPIEGEL 28230  PATENT TRADEMARK OFFICE											
Address												
Address												
City	Mo	unt Vernon				State VA ZIP				22121		
Country	US	SA.		Telephone	703	-619-	0101	Fax	703-619-0110			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor:							ntor					
Given Name (first and middle [if any])					Family Name or Sumame							
Don					Odell							
Inventor's Signature		Don Odell								Date	2/7/02	
Residence:	esidence: City Milton		State	VT	Country USA			Citizenship		US		
Post Office Address 107 Catamount Drive												
Post Office A	Address				,	_						
City	1	Milton	State	VT	ZIP	ZIP 05468 Country USZ			USA	Α		
m					1			choot/c	DTO/	SB/02A attac	hed hereto	